Mecklenburg County Health Department

Organizational Assessment and Development Project

Final Report

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Purpose and Scope of Project

Praxis Partners for Health, LLP was engaged to provide support to the Mecklenburg County Health Department for the purpose of assessing non-clinical programs, organizational structures, quality assurance and improvement, providing recommendations and support for improvement efforts and staff communication to Health Department leadership, and providing public health consultation to Navigant as the consulting firm engaged to evaluate clinical services.

The original contract was envisioned to encompass an assessment phase (April through July) and a further assessment and implementation phase (July through December) 2017. The contract for implementation was shortened and ended July 31 as one of the Praxis partners was engaged as the Interim Health Director. The shortened time frame precludes support for implementing recommendations made in this report.

The report that follows details tasks completed and recommendations for the four following areas through the end of July:

Assessment

1. Review policies/procedures for non-clinical programs and general administration.
2. Assess department wide quality assurance and quality improvement processes and plans.
3. Review results of State program reviews.
4. Assess organizational structure and leadership responsibilities.

Organizational Development

1. Provide written recommendations for changes to organizational structure and leadership responsibilities.
2. Recommend policy, procedure and process changes.
3. Assist, advise and support Public Health leadership and the County Manager's office on implementation of recommendations.
4. Recommend evidence-based practices, including competency-based staff assessments specific to public health.
5. Based on competency assessments, recommend leadership development and training needs.

Public Health Oversight

1. Work with Navigant to assure that public health best practices are incorporated into recommendations.
2. Make recommendations for improvements, if needed as result of State program reviews.

Employee Relations and Communication

1. Provide coaching and mentoring for current health director and executive team members as requested and needed for improving employee relations and communications.
2. Review Public Health employment climate survey results and make recommendations for strategies to engage staff appropriately.

A. Assessment

The contract period began April 1, 2017 with the assessment phase.

Staff and County Interviews

Eleven interviews were held with executive and leadership levels of the Department. See the chart below for the personnel interviewed.

Person Interviewed	Title	Program Area
Marcus Plescia	Health Director	
Connie Mele	Assistant Health Director	
Cardra Burns	Assistant Health Director	
Stephen Keener	Medical Director	
Cheryl Emanuel	Senior Health Manager	Office of Community Engagement
Jacqueline Glenn	Senior Health Manager	Director of Nursing
Crystal Stillwell	Senior Health Manager	Planning and Evaluation
Carmel Clements	Division Director II	Community Health Services Division
Erin Smith	Senior Health Manager Policy and Prevention	Office of Policy and Prevention
Bill Hardister	Environmental Health Director	Environmental Health
County Staff		
Monica Allen	Strategic Planning & Evaluation Director	Strategic Planning and Evaluation
Felicia Stokes	Audit Manager	Audit Department
Allyson Berbiglia	Manager of Learning and Development	Human Resources

Interview Summary

- There was a lack of clarity around exactly who was a member of the Executive team that met on a weekly basis with the Health Director. The general consensus was that the team was fluid based on whether those attending the meeting were able to "get along with one another." Generally, those attending and interviewed agreed that meetings were poorly organized and that communication between team members was often adversarial and ineffective. Lack of trust and respect for team members was a common theme. Recently (since mid-April) few Executive team meetings have been scheduled.
- There is an overall perception that programs get moved to a new manager/supervisor when a problem has been identified with that program or when a supervisor/manager has an issue with the person(s) they are reporting to. New programs are assigned to whatever manager has the "lightest" load.

- All Health Department employees interviewed acknowledge that the recent media attention to the clinical issues being investigated has caused a great deal of stress among all employees. Other stressors include the transition from Carolinas Healthcare System to the County; the transition of Environmental Health Services from another county department back to the Health Department; and the merger of behavioral health components into the Department. All of these transitions occurred during the period 2013-2015.
- The general view is that many of the "old-time" employees that were subject to these recent transfers are merely "hanging-on" until they are vested for state retirement.
- Most of the staff interviewed felt that the focus since Dr. Plescia came was on an external vision for the Department and that there was no internal vision or attention to internal controls.
- Several managers/supervisors mentioned that even when performance issues with their direct reports are identified they did not feel that they were able to act on those performance issues.
- Generally it was felt that negatives were and are emphasized more than positives in the Department and that the Pap smear issue has been allowed to take over any positive employee recognition. It was acknowledged that the subsequent swimming pool issues in Environmental Health exacerbated the negative view of the public for all employees.
- Lack of and poor communication throughout the organization was mentioned by all of those interviewed.
- Quality improvement was mentioned by people being interviewed as being the responsibility of the team reporting to planning and evaluation. Discussion focused around the family planning improvement process that has been ongoing for more than a year. There did not seem to be a clear understanding about the locus for quality assurance and quality improvement activities for each specific program area.
- Minutes of the quality improvement project in family planning were reviewed and it was apparent that meetings were poorly attended by decision makers and those expected to implement changes and progress on implementing proposed changes was slow. Analysis tools and methodology for determining needed changes was not apparent.

Policy Review Summary

1. Non-clinical program policy manuals
   All non-clinical program policy and procedure manuals were reviewed. Navigant was responsible for clinical policy review. The Department has separate policy and procedure manuals for each program operated by the Department. Some of these manuals reference policies contained in the Administrative Policy Manual. Some of the program manuals do not fully reference patient/client privacy or contain policies on security of records. In particular, some case management programs are not clear on measures taken to ensure compliance with HIPAA.

2. Administrative Policy Manual
   The Administrative Policy Manual contains general policies that apply to all programs and staff in the Health Department. There are 67 current policies included in the Administrative Policy Manual. All are "current" in that they appear to have been

reviewed and/or updated in the last year. The manual indicates that all policies are contained on the SharePoint site for all staff to be able to access a policy when needed. There are a few policies contained in this manual that appear to be directly connected to certain programs offered by the health department, although the policies are administrative in nature. As an example, Policy A-69 Documentation Guidelines speaks mostly about documentation in patient records and includes minimal guidelines referencing the electronic health record but does not indicate that these guidelines apply to case management programs as well.

State Program Review Letters/Accreditation

It should be noted that State Program reviews for the most part consist of paper reviews of record keeping related to contract agreement requirements. In the case of environmental health, the entire log is generally reviewed, however for clinical programs, often a very small sample of records that are selected by the respective Department are reviewed against recommended state practices. A corrective action plan is developed only if state standards are not being met.

It should also be noted that NC Accreditation review is on a four year cycle for all health departments and begins with a self-assessment document that is prepared by each individual department. The individual department chooses what information/data is presented for review by a peer team of site visitors. Site visitors do not review programs that are already reviewed by state agencies, they only ensure that the state agency has reviewed those programs and that the Department has met any corrective action plan required by the state agency.

Program	Meets Requirements	Recommendations
Food, Lodging, Institutional Review	Meets	Improvements related to quality assurance
On-Site Water Protection	Meets	Continue with 2014 Corrective Action Plan (not provided)
Swimming Pool Inspections	Meets	Suction pump progress noted
Tattoo Artist	Meets	
New Born Home Visits	Meets	
Improving Community Outcomes for MCH	Meets	Improve documentation of expenses
Jail Screening	Meets	
CDSA	Meets	
CD Investigation	Meets	
Ryan White Part B	Meets	
Healthy Communities Program	Meets	
Vaccine for Children	Meets	

Refugee Program, TB Control, STD Testing, and Family Planning were not reviewed since they are clinical programs and were reviewed by Navigant.

Staff Climate

It was apparent from the interviews that communication and trust issues abound between leadership and executive team members and are reported to have filtered down through the organization. Much of this can be attributed to the stress of the recent media focus on issues within the Department, however much can also be attributed to the numerous organizational changes that had occurred over the past 3 years. The transition from Carolinas Healthcare System occurred in 2013/2014; in 2015 some behavioral health programs were transferred to the health department from another county department; and environmental health was transferred to the health department from another county department in 2015. Major organizational changes such as these require constant, authentic communications as part of an integrated change management strategy to effectively blend an organization together. Such a process has not been apparent in the interviews and documentation reviewed.

Praxis' partners met with Mecklenburg Human Resources and Strategic Planning and Evaluation staff to review the analyzed results of annual climate surveys conducted by the county for FY2016 and FY2017. 2016 results indicated that 22% of the staff did not feel that their workload was reasonable and nearly 25% indicated that the Health Director did not clearly communicate what was going on in the department. In 2017 nearly 25% of the staff did not feel that their workload was reasonable, however communication by the Director had improved slightly. Other issues identified vary by individual unit in the Department. Generally it appears that improvements could be made in the following areas (although many of these did not rise to the level of county concern):

- communication could be improved across all work units
- strategic business plan for the department could be better communicated
- employee safety issues (after hours to vehicles)
- technology evaluation/responses
- improvements in supervisors motivating and coaching employees

Organizational Structure and Leadership Responsibilities

Organizational charts were reviewed. Charts were modified by the Health Director after our assessment period began to reflect recent changes that were made between January - April, 2017 in program reporting relationships as well as individual reporting relationships.

The program charts reviewed indicate that the Executive Team consists of two assistant health directors, the medical director, the administrative support coordinator, the senior health manager for community engagement, and the senior health manager for planning and evaluation. All of these positions report directly to the Health Director. The Health Director reported that the Director of Nursing was on the Executive Team but she was moved to report to report to one of the Assistant Health Directors, as part of his crisis management plan.

With the exception of planning and evaluation, the remainder of the Department reports to one of the two assistant health directors, making each of them responsible for approximately 400 employees each. Each Assistant Health Director had either 5 or 6 direct reports, with each supervisor below having between 6-17 direct reports. Toward the bottom of the organizational chart, first line supervisors supervise between 1-16 direct reports. Programs that exceed 7 direct reports for first line supervisors include 2 in environmental health, 4 in maternal child health, all but one in the Child Development Service Agency (CDSA), 2 units in child development-community policing, and community health case management in STD/HIV community services. Finally, all first line supervisors in the Clinical Services Division; Women's, Infants, and Children Nutrition Program (WIC); and the School Nurse Program have between 10 and 16 direct reports.

In addition to the interviews conducted, Position Description Questionnaires (PDQs) and individual work plans/myscorecard were reviewed for all leadership positions. A review of these indicated:

- PDQs are generic to a broad band of positions and have limited applicability for determining specific technical and managerial skills and responsibilities for Health Department leadership positions. It is unclear when they were last updated and how people are held accountable for the benchmarks in them, although they are "signed off" as being reviewed annually by each employee and the employee's supervisor as required by NC accreditation.
- Individual work plans appear to be a useful tool for periodic reviews with employees. It is unclear how they are linked to the PDQs and how they are developed or updated on an annual basis as a result of an annual performance review.

B. Overarching Department Needs Based on Assessment Results

1. Review and reinstitute quality assurance program and a quality improvement program for each program area and each division within the Department.
2. Change the span of control at the executive team level and review the span of control at all levels of the Department.
3. Institute a rigorous internal policy and procedure review.
4. Improve communication with and between staff beginning at the executive and leadership team level.

C. Recommendations

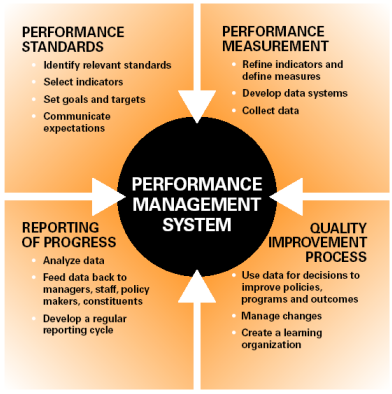
1. Review and Reinstitute Quality Assurance and Quality Improvement Program

The Department has a policy on quality improvement that outlines basic quality improvement steps and it was apparent that work on a quality improvement project regarding family planning clinic improvements had been underway for quite some time. Likewise there is a policy on quality assurance that appears to be focused primarily on state program reviews.

A "total quality program" has two inter-related parts, performance management, often called quality assurance and quality improvement.

Performance management is a system for measuring performance of each program or activity against the responsibilities of each program or activity and measuring overall performance for specifically selected targets. This is different than but related to performance management systems normally thought of for personnel management.

Quality improvement takes the data and analysis from the performance management system and develops specific plans using a variety of analysis and planning tools to improve the areas identified that need to be improved. Together they form an interactive continuous loop for performance improvement. The diagram below captures this interaction.



Establishing a performance management system that works effectively requires all staff to be trained to understand why it is important and what their individual roles are. The national public health accreditation system has standards in place to measure this for public health organizations. They require the use of nationally recognized best practices for public health performance management. There are assessment tools available for a department to self-assess whether they have all the components needed in place. See the Resource List at the end of the report.

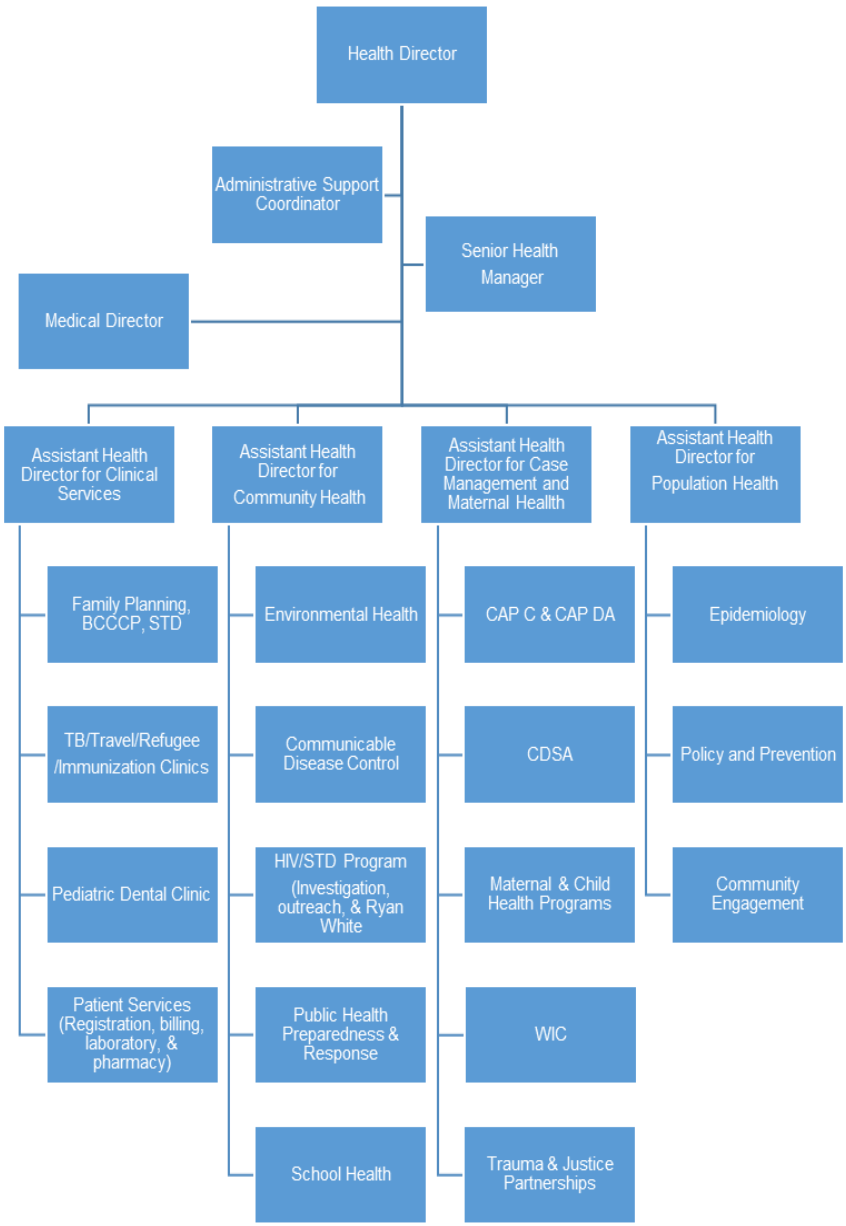
2. Span of Control

Classic management and organizational literature indicate that a supervisor/manager/leader has an effective "span of control" of 5-9 direct reports. Less than 5 in a large organization could indicate that they are out of touch with the organization below them. More than 7-9 generally indicates that they are overloaded and probably not able to keep up with information flow and decision-making effectively. Other factors that should be taken into consideration include geography of the workers (dispersed staff require lower ratios), the complexity of the work, the scope of the program or the work itself, and finally how "hands-on" the manager is required to be. North Carolina public health agencies have a variety of organizational arrangements. Mecklenburg County Public Health Department is the largest consolidated health department in the state, followed by Wake County Health and Human Services. Since consolidated departments have a variety of programs assigned to the health department not typical in traditional health departments that are not consolidated, structures will be different. The attached article from the UNC School of Government compares and reviews public health department structures across the state.

The proposed structure is presented in the organizational chart on the following page. The current structure is attached to the report for comparison. Praxis recommendations for structure changes are focused at the executive leadership level as a place to start. It should be noted that span of control appears to be a pervasive issue throughout the organization, especially at first line supervisory levels and should be evaluated after the initial implementation. This recommended structure accomplishes the following:

- Increases the control of all programs and activities by the Executive (health director) by establishing more control and responsibility at the top of the Department.
- Decreases the span of control for each of the major program areas of the Department.
- Provides each Assistant Director direct access to other health department leaders and the Health Director.
- Formalizes support functions for all divisions on an equal basis (Senior Health Manager and Medical Director).
- Aligns programs in a supervisory structure for the most part with similar program requirements and needs.
- Provides programs the ability to integrate and the accountability of meeting community and program needs.

It should be noted that the proposed organizational structure was developed without regard to persons currently occupying positions at the Health Department. New job descriptions with clearly defined qualifications and duties will need to be developed. During staff interviews it was apparent that there is a sentiment among leadership staff that there are "favored" individuals. In order to level the field, Praxis recommends that all senior level positions be filled through an interview and hiring process that utilizes a committee review and interview process managed through Mecklenburg Human Resources.


Health Director
Administrative Support Coordinator
Senior Health Manager
Medical Director
Assistant Health Director for Clinical Services
Assistant Health Director for Community Health
Assistant Health Director for Case Management and Maternal Heallth
Assistant Health Director for Population Health
Family Planning, BCCCP, STD
TB/Travel/Refugee /Immunization Clinics
Pediatric Dental Clinic
Patient Services (Registration, billing, laboratory, & pharmacy)
Environmental Health
Communicable Disease Control
HIV/STD Program (Investigation, outreach, & Ryan White
Public Health Preparedness & Response
School Health
CAP C & CAP DA
CDSA
Maternal & Child Health Programs
WIC
Trauma & Justice Partnerships
Epidemiology
Policy and Prevention
Community Engagement

Executive Team: 7 plus Health Director

Health Director is directly responsible for all activities of the Health Department and must be recognized as the leader of all divisions of the Department. He/she must have intimate knowledge of the inner works of each Division but also must be able to rely on each Assistant Director to provide specific leadership and have accountability for the work of all programs under each person's purview. The Health Director is directly responsible for the development of the Strategic Business Plan for the Department, as well as an overall Performance Management Plan for the Department. In addition, the Health Director is the primary liaison to key community partnerships.

Medical Director is responsible for overall medical leadership and consultation for all divisions in the department. The Medical Director is directly responsible for supervising the quality assurance and quality improvement functions of all medical services, including clinical services, communicable disease investigation and follow-up. The Medical Director provides advice and assistance for all communicable disease investigations and interventions, regardless of the divisional location. The position is directly accountable for and supervises the nurse practitioners/physician assistants, and physicians in the clinics and/or in other Divisions in the Department. There is a close working relationship with the Assistant Director for Clinical Services.

The Senior Health Manager has responsibility for all financial aspects of the Department, liaising with all assistant directors and county structures for budget preparation, contracting, contract management, financial reporting, grant preparation and grant management. The Manager has responsibility for working with Assistant Directors to ensure that data is collected for performance measurement and quality assurance purposes and that each Division has a robust quality assurance program for each program area under each Assistant Director's purview. Coordination of an overall direction for quality assurance across all divisions is also a responsibility of this position. The Manager is responsible for IT support and coordination with existing county services and any unique IT needs of the Health Department. The Manager is also responsible for coordination of staff development and training for the Department overall, working with each division and county human resources to ensure that workforce needs are met. Finally, the Manager is responsible for managing the strategic planning process under the direction of the Health Director. The Public Information Officer (PIO) for the Department is supervised by this position and coordinates with the County PIO.

The Administrative Support Coordinator ensures that the Health Director has the executive support needed to carry out his/her broad responsibilities. The Coordinator is the liaison for the executive and leadership teams and provides support to those teams as well the Public Information Officer, the Senior Health Manager and the Medical Director. In addition, the Coordinator is responsible for receiving, distributing, storing and archiving all administrative

policies for the Department. With responsibilities this diverse, a small staff will be needed to provide support in technical areas.

Assistant Health Directors (4). Each of the Assistant Health Directors is the leader of a set of program priorities for the Department. Each is responsible for all aspects of the programs in their control and are responsible for ensuring that program requirements are met and that all programs function together cohesively. Each of the Assistant Health Directors are responsible for program policies and procedures for all of the programs and activities under their supervision.

Each of these divisions will have different supervisory structures depending on their functions. For example, the Clinical Division will need a manager for each primary location of services, reporting directly to the Assistant Director and several staff in this Division will report directly to the Medical Director. Each of the other Divisions will need a manager or multiple managers for each of the broad program areas under their direct purview.

For the Department to function effectively, these leaders must all work together for the good of the organization and the people of Mecklenburg County. All Divisions must recognize an interconnectedness between programs and services.

Assistant Health Director for Clinical Services. Navigant has engaged in an extensive study of clinical services and has developed recommendations regarding the structure of this Division of the Health Department. The Assistant Health Director for Clinical Services is responsible for all functions of clinical services provided by the Health Department and reports directly to the Health Director. The Medical Director is directly accountable for oversight of Board certified medical providers employed by the Health Department and must act in concert with the Assistant Health Director for Clinical Services to implement quality assurance and quality improvement activities. We concur with Navigant's recommendation of a clinic practice manager for each of the two primary physical locations for clinical services. Recommendations for the organization of this division are found in the Navigant report.

Assistant Health Director for Community Service. The Assistant Health Director for Community Service is responsible for all functions of services provided to the community to safeguard their health. In North Carolina, these are considered to be core public health functions. The recommendation is for five program areas to be under the supervision of this Assistant Health Director.

Programs Supervised by Assistant Health Director for Community Service:

Environmental Health includes all currently state mandated environmental health programs and any local programs that have a local ordinance authorizing health department enforcement.

Communicable Disease Control includes receiving communicable disease reports from the Clinical Division, local medical providers, health care institutions and other surveillance systems and following up as required by state protocol. There should be a coordinative relationship with the Epidemiology Program and with the School Health Program.

HIV/STD Program includes the investigation of reported sexually transmitted infections (STI's) once laboratory confirmation has been received for purposes of contact tracing to prevent the spread of infection and enforcement of control measures for those infected. It also includes community outreach efforts to educate and prevent further transmission of STI. The Ryan White Program that provides assistance to HIV infected individuals is also part of this program. There should be a close coordinative relationship with the STD/STI clinics in both health department clinical locations.

Public Health Preparedness and Response requires cooperation of all health department personnel and a variety of community and county partners to respond to an emergency situation. This is primarily a planning and coordination function.

School Health provides nursing services to all schools in Charlotte-Mecklenburg Schools. The nurses in this program have wide ranging responsibilities and must be aware of all services offered by the Health Department and be able to refer students with needs to appropriate services. Because of the number of schools in the system, this is a very large program in terms of the numbers of staff and the numbers of staff each front line supervisor is responsible for. This program also has the challenge of geographically widely dispersed staff.

Assistant Director for Case Management and Maternal Health. The Assistant Director for Case Management and Maternal Health is primarily responsible for all functions of case management services that support individuals/families maintaining or improving their health or mental health status. The recommendation is for five program areas to be located in this Division.

Programs Supervised by Assistant Director for Case Management and Maternal Health:
Community Alternatives Program for Children (CAP C) and Community Alternatives Program for Disabled Adults (CAP DA) are federally reimbursed case management programs for children and adults with special medical and/or emotional needs.
The Child Development Service Agency (CDSA) provides coordination of services for children identified with moderate to severe behavioral issues.

Maternal and Child Health Programs that provide case management services include the Care Coordination for Children (CC4C), Community Care for Children, Pregnancy Management Program (including postpartum and newborn home visits), and Smart Start Healthy Families.

Other Maternal and Child Health Programs offered in the community include Child Care Consultants who provide consultative and training services to child care providers and the ICO/MCH Program, a grant program in conjunction with Union County.

The Women's, Infants and Children Nutrition Program (WIC) is recommended to be placed in this Division. WIC is primarily a program that provides nutrition education, counseling and food for pregnant women and children who qualify for the program. While there are periodic clinical requirements, this program can be provided in a variety of non-clinical locations throughout the community.

Trauma and Justice Partnerships are efforts that are primarily focused on behavioral health issues resulting from traumatic experiences. These efforts have a variety of community partners focused on community interventions and supports.

Assistant Health Director for Population Health. The Assistant Director for Population Health is responsible for developing and maintaining the data and analysis that will lead to engaging partners and community wide efforts in best practice programs for improving the overall health of county residents. There must be close coordination with all programs throughout the Department. There are three primary areas of concentration in this Division.

Programs Supervised by Assistant Health Director for Population Health:

Epidemiology is the basic science of public health and aims to analyze and gather available statistical information to identify health status and health needs. Epidemiological analysis is a core function for developing a community health assessment and a community health action plan that is actionable and achievable for both the community and the department. This same analysis informs the development of a strategic plan for the department. The Epidemiology Section of this Division will be responsible for coordinating the development of the community health assessment for the county and for providing data for the development of the strategic plan. This section will also assist the Community Engagement Section to fulfill special data requests such as zip code studies of health access issues (example only).
There will be close coordination with the Business Manager and all other Division Directors to determine data needs. In addition close coordination with the Community Engagement Section will provide support to community efforts to improve health status.

Policy and Prevention Section will be responsible for applying best practice principles to implement the community action plans chosen for focus in the community health assessment. In addition, this section will work with community partners, policymakers, and other institution to achieve policy changes that will impact health status.

The Community Engagement Section will work directly with specific communities identified through the community health assessment/community action plan process to assist those communities to become advocates for improving the health status of their

specific community for the long-term. This may focus on social determinants of health as well as specific health conditions.

Leadership Team anticipated to include the supervisors of each program area, plus Executive Team. (Approximately 22 + 7 + Health Director = 30)

3. **Institute a rigorous internal policy and procedure review.**
   - A system should be developed to periodically monitor fidelity to program and administrative policies. Policies are useful tools to ensure that program requirements are met. Generally a robust quality assurance program will provide a snapshot of whether specific policies are being adhered to. An organization with many programs and therefore with many policies governing those programs, has particular challenges with ensuring that all staff who "need to know" actually do know what is required and can then apply their knowledge to their work.
   - A special review across all program areas might provide opportunities for program staff to share experiences with policies that are useful and to coordinate policies between related programs. An example might be coordination of documentation requirements and safeguards on records for all case management programs.
   - While there is a process for staff orientation and ongoing notification of policy and procedure changes for all staff already present, it would be useful for supervisors/ managers to spot check employees' actual knowledge of certain policies and procedures. Often simple notification that a change in a policy has been made does not ensure that what the change requires of the employee is understood.

4. **Improve communication with and between staff beginning at the executive and leadership team level.**
   - Reinstitute regularly scheduled meetings of the Executive Team and the Leadership Team.
   - Engage Mecklenburg Human Resources staff to facilitate discussions around improving communication strategies within the teams.

Other Recommendations/Next Steps

1. Decisions on recommended organizational structure need to be made and implemented in coordination with Mecklenburg County Human Resources.
2. Job descriptions and new work plans should be developed for each of the revised positions that clearly denote the duties, skills and educational requirements for each position. (Note that Praxis drafted revised job descriptions for the Health Director, Medical Director and the Assistant Director for Clinical Services as a starting point for this work.)
3. Develop a strategy/communication plan for informing staff of planned reorganization for all levels of the Health Department; including multiple opportunities to hear and respond to staff concerns.
4. Imbed responsibility for assurance and quality in all staff work plans.

5. Explore and use one of two national models to assess the Health Department's readiness/capability to engage in quality assurance/quality improvement. (See Resource List)
6. Assess staff competencies specific to public health and develop a training/education plan to assure that all levels of staff have appropriate competencies in public health. (See Resource List)

Resources

Mecklenburg Health Department Organizational Structure as of April 2017. (Organizational Chart attached)

Quality Assurance/Quality Improvement Resources:
Public Health Foundation includes an assessment tool and training resources. They also have consultants available. Website below.
http://www.phf.org/focusareas/performancemanagement/toolkit

National Association of City and County Health Officials also has consultant services available in the area.
http://www.naccho.org/programs/public-health-infrastructure/performance-improvement/performance-improvement-curriculum

CDC is a third resource in this area. No consultant services are available.
https://www.cdc.gov/stltpublichealth/performance/

Span of Control/Health Department Structure:
The Structure and Organization of Local and State Public Health Agencies in the US. Hyde & Shortell; Am J Prev Med; 2012; 42(5S1): S29-S41 (Article attached)

Comparing North Carolina Local Public Health Agencies (Appendix Only attached)
Full article available from the NC School of Government at UNC Chapel Hill

Core Competencies for Public Health:
Core Competencies for PH Professionals, June 2014, Public Health Foundation, Inc. (Attached)
Website: phf.org/corecompetencies

Nursing Practice/Delegation of Duties:
Two articles are attached for your reference. Both are from the Journal of Nursing Regulation published in 2016.

National Guidelines for Nursing Delegation. April 2016; Volume 7/Issue 1

Scope of Nursing Practice Decision-Making Framework. October 2016; Volume 7/Issue 3